

# THE AMERICAN JOURNAL OF HOMŒOPATHY.

*The agitation of thought is the beginning of Truth.*

VOL. 7.

NEW-YORK, FEBRUARY, 1853.

NO. 10.

S. R. KIRBY, M.D., EDITOR.

## VIEW OF PROFESSIONAL LIBERALITY AT THE COMMENCEMENT OF THE NINETEENTH CENTURY.

By S. HAHNEMANN

I do not here refer to that low, envious, trading spirit, for which the pressure of want is often the cause that can best be pleaded in excuse; I wish to say a few words about the professional jealousy of medical men among themselves, which is the prevalent custom in Germany (in the southern, more than the northern parts), a *bellum omnium contra omnes*, which has had a most injurious influence on the prosperity of one of the noblest arts, and the one which stands most in need of improvement—medicine. For no sooner has a colleague made a suggestion that must be for the general good, put forward a perhaps useful proposition, discovered something profitable, than instantly the professional jealousy of his colleagues (with very few exceptions) falls foul of him in order to bury in oblivion, or if possible, to destroy the novelty by spoken or written depreciations, insinuations, sophistries, or even injurious aspersions, and all because—it did not originate with themselves. Instead of seeing, as we do in England and Scotland, fraternal meetings, and societies of physicians and surgeons, animated by the desire to promote the welfare of humanity, and investigating medical subjects for the purpose of mutual improvement and perfection, without party-spirit, without seeking self-aggrandisement, without ministering to individual vanity—we see the German medical men (with few exceptions) completely divided among themselves, each acting by himself, *pro modulo ingenii*, occasionally appropriating the useful discoveries of others, but quite silently, without betraying by the slightest sign that any one else has anything to recommend him, or that they were indebted for anything whatsoever to this one or the other. Not only do they make use of the propositions and inventions of others without betraying the least thankfulness, but they often throw out spiteful insinuations against the originator, at all events always (few are the exceptions!) without taking any public

part in promoting and perfecting the proposition or discovery, particularly if it proceed from a German physician; far more likely are they to do so if it belong to a foreign physician. How much this egotistical professional jealousy prevents the shooting forth and vigorous growth of our divine healing art, which is still in the condition of an undeveloped bud, must be evident to every non-professional person. Were it not for this paltry self-seeking spirit, of a truth Germany alone, with its great intellectual talents, could affect a regeneration of the great art.

How spitefully Wichmann was assailed when he exposed the prevalent fallacies respecting difficult teething! How infamously the same clique calumniated that unenvious favorite of the Asclepiadean muse—Hufeland, whose soul is animated by truth alone! How was Tode, how was Sömmering treated! Were the men that could act in this manner exclusively devoted to the beneficent art whose aim is the weal of humanity?

Ever sadder, ever more gloomy are the prospects of the development of our art in the new century; without friendliness and good-fellowship among its professors, it will remain but a bungling art for another century.

Let it not be retorted that there now exists, at least among the followers of the Brunonian system, an *esprit de corps*. The rallying motto of a sectarian name is incapable of exciting to sober, calm scientific investigation; it only rouses the explosive spirit of accusations of heresy to a fierce volcanic flame. Truth and the weal of humanity should be the only motto of the genuine elucidators of the art and the watch-word of their brotherly, peaceful bond of union, without slavish adherence to any sectarian leader, if we would not see the little good that we know completely sacrificed to party-spirit and discord. In these times, when accusations of heresy are so rife, the most important question that is ever put is, "Art thou of Paul, art thou of Cephas or Apollos?" Would it not be far better to say, "Brother! what is the peculiar mode of action of cinchona bark on the

healthy individual! so that we may at length learn how to employ it with confidence in diseases, seeing that we have hitherto blindly wasted many thousand hundredweights of it, at one time doing good, at another harm, without knowing what it was we did." Would it not be better to say, "Dear colleague! let us together investigate and observe the many and various kinds of intermittent fevers, and let us unite in laying before the world the discoveries we thus make, as to which kind among them may be, *ceteris paribus*, *always cured* by cinchona, which by sal ammoniac, which by chamomile, which by ignatia, which by capsicum, &c."—"God forbid! who would consent to such an exposure of himself as to confess to his colleagues or to the public that he did not know everything! Those around me must be impressed with the belief that I am infallible, that I embrace the whole sphere of the art, as I hold a ball in my hand, that the inmost secrets of medical science lie clearly open to my all-seeing eye, like the seed-receptacle of an apple cut through the middle. I dare not say one word that could betray that something was still to be discovered or that there was any room for improvement. But the notion that another and more especially a German colleague could teach us something more, or could make any fresh discovery, must not be uttered, must be to the best of our ability scouted."

Such is the spirit that has prevailed in Germany during the latter half until the end of the bygone century; the benefactors of their race, and with them the good spirit that inspired them with zeal for the common weal, were sought to be kept down and set aside. Just as theological polemics have never produced a desire for truth, a perception of the high object of our existence or genuine virtue and devotional feeling—just as the personal squabbles of literary men have never succeeded in developing the love of art, the true æsthetic feeling, enlightened taste, and artistic skill—in like manner it needs no great sagacity to understand that the mutual detractions of medical men can have no other result but the depreciation and obscuration of their art, which is, without that, the most obscure of all arts.

Honorable, non-medical friends, endowed with a desire to promote the well-being of mankind and who have had the advantage of a scientific education!—the energies of my life, which have been devoted to promote the welfare of the community, have also been cramped and kept under by this unpatriotic spirit of many of the medical men of Germany.

As soon as I stepped forth among my colleagues, not without nearly twenty years of preparation, not without many long

years of Pythagorean silence, to contribute here and there something to the improvement of our art, I found that I had lost my accustomed peace and quietness, and had fallen among a crowd of professional brethren, who (with few exceptions) regard nothing impartially; I was maligned. And how easy it is to persecute, to malign an art, which has hitherto been founded on ever-changing maxims, in which by the force of authorities, learned, empty terminology, sophistry, scholastic, stereotyped dogmas, and imaginary experience, black was made to appear white, just as any one pleased, especially where the judgment was perverted by depravity of heart, egotism and illiberality.

It is undoubtedly true that truth penetrates even through the thickest clouds of prejudice, but the often too tedious conflict of the opposing elements conveys a disagreeable, a discouraging impression to the mind. Thus at the commencement of my career, on account of my discovery of the best anti-venereal medicine, the soluble mercury, I was abused in the most vulgar manner in a journal notorious for its outrageous vituperations, and also elsewhere, but the common experience of Europe in a few years removed the slander from this remedy and worthily appreciated a discovery that I had unselfishly revealed for the good of humanity, in order to make amends for the death of thousands who had been literally dissolved by the abuse of the feebly anti-venereal preparations of corrosive mercury. The same thing happened when I was afterwards again (to pass over the bad reception some other useful truths met with) abused in the same vituperative journal on account of my "*new principle*," where I taught a mode of learning to look at diseases from a point of view that directs us *almost unmistakeably* to the appropriate remedy for every case—showing how to discover from the positive nature of medicinal agents the diseases for which they are suitable. But because this kind of system differed so much from the ordinary one, because it was so simple, so unartificial and (purposely) so free from the sacred arabesques of the learned language of the schools, it made very little impression, it was not cultivated by German medical men, but was sought to be quietly shelved by them.

Now, once more, at the end of the century that has just expired, my zeal for the welfare of mankind misled me to announce a prophylactic remedy for one of the most destructive of children's diseases, *scarlet-fever*. Scarcely a fourth part of the number I might have expected subscribed for it. This lukewarm interest shown for such an important affair discouraged me, and I arranged that the subscribers should receive a portion of the medicine itself, in order to satisfy them, in case my book on

the subject should not be published. The subscribers consisted chiefly of physicians who had epidemics of scarlet-fever in their neighborhood. At least thirty of these, whom I begged by letter to testify to the truth, and to publish the result (be it what it might) in the *Reichs-Anzeiger*, made no reply.

Two others, unsolicited by me, Dr. Jani in Gera, and Dr. Müller in Plauen, wrote something on the subject, but, good heavens! in what a spirit! Is this the way one colleague treats another in Germany? Is an affair of such importance for mankind to be so readily dismissed?

After the latter had said in No. 215 of *R.-A.*, 1800, "that in the epidemic he witnessed no child took scarlet-fever who had used this medicine for two or three weeks," he repents of his honesty and feels himself compelled in No. 239 "to deny the truth of his former declaration (the facts brought forward by himself!) because one child took the scarlet-fever. This case proves more against the efficacy of the remedy than 500, where the individuals seem to have been protected by it, prove for it."

What monstrous logic! Mercury is, as is well known, the best and sole remedy in the venereal disease; thousands have been cured by its means. "No," quoth Bavius, "I could show you at least twenty cases where it did no good. Mercury is of no use; these twenty cases certainly prove more against the efficacy of the remedy than your thousands of successful cases prove for it. Therefore we should rather let ourselves be eaten up by the venereal disease than have it cured by mercury, because out of many thousand cases there are twenty where it does no good."—"A single case in which cinchona bark failed in intermittent fever proves more for the worthlessness of this bark than 500 cases in which it was efficacious for it." What a delirium of logic! The good Dr. Müller has once upon a time heard of the deduction *a minori ad majus*, and seeks to apply that here. In like manner the wag made the deduction *a minori ad majus* in the Müllerean fashion: "Since it feels hard to lie upon a single feather on the bare floor, this proves more against the softness of feathers than a bed filled with millions of eider-feathers for their softness; I will therefore never more sleep upon feather-beds after having lain so hard upon one feather."

But perhaps Dr. Müller invented this pleasant piece of sophistry only in order to eradicate from the minds of the uninitiated, by one (philanthropic) blow, this German invention, *not proceeding from himself*. Be it so, my friend! But have you anything better to substitute for the remedy? Is there to be found in medical writings a single mode of treating scarlet-fever, on which we may rely? We shall not say a

word about a preventive remedy. According to the directions usually given, there is not a single symptom that can be removed without several worse ones being excited. It may be said of the old mode of treatment of every acute disease: "*With our medicines and without our medicines the primary fever goes off in twenty-one days, or the patient dies in the meantime, he might not have died had he not taken our medicines.*"

Dr. Jani, on the other hand, says in No. 255, that his scarlet-fever was complicated with malignant typhus-fever and acute herpetic fever, and very rarely ran a regular course.

He then seeks to prove "that my preservative does not protect unconditionally." He might have spared himself the pains. *God himself cannot create a remedy that shall be unconditionally efficacious, that when used wrongly, at an inappropriate time, in an improper place, or under adverse circumstances, shall yet of necessity do good.*

"After it became universally prevalent, and was raging among them like an evil demon, he allowed ten families, consisting of thirty-six children, to use my remedy. Three children in one family were attacked by scarlet-fever whilst using it (!). Of the thirty children of the remaining nine families who used it for a month, none was attacked by scarlet-fever. But as far as was known none of them were exposed to infection."

Therefore it was no merit of Hahnemann's prophylactic that just those nine families with their thirty children remained free amidst all the others. This miracle is owing solely to the fact that they were not exposed to infection (*scilicet*) at a period when, as he asserts, scarlet-fever was universally prevalent. When an epidemic of scarlet-fever (which generally does not spare two out of a hundred children in the place) is universally prevalent, does the mere circumstance "of not having been exposed to the infection as far as was known" suffice to preserve from infection? Were that the case, it were impossible that any epidemic of scarlet-fever could ever arise, because no child of sensible or at least of timorous parents would ever be knowingly exposed to infection!

"But because it was not I, but another, and what is worse, a German physician who discovered the remedy, it must be allowed us, in order that the honor may not be given to the preservative, to ascribe the wonderful, unheard-of exemption of the nine families, to a notoriously inefficient cause, in order that we may be enabled to shelve Hahnemann's prophylactic remedy before the very eyes of the all-seeing public."

Here are striking features of the professional liberality among the physicians of our time! Here is a fine specimen of zea-



lous endeavor to clear up the truth, of warm interest in promoting an affair of infinite importance to humanity.

The furtherance of every means, be it ever so small, that can save human life, that can bring health and security, (a God of love invented this blessed and most wondrous of arts!) should be a sacred object to the true physician; chance, or the labor of a physician, has discovered this one. Away, then, with all grovelling passions at the altar of this sublime God-head, whose priests we are!

We all strive after a common, holy object; but it is not easy to be attained. It is only by joining hand in hand, only by a brotherly union of our powers, only by a mutual intercommunication and a common dispassionate development of all our knowledge, views, inventions and observations, that this high aim can be attained:—*the perfecting of the medical art.*

#### HOW TO DECIDE WHICH MODE OF PRACTICE TO ADOPT.

It is often the case that individuals do not know how to determine which mode of practice to adopt: allopathic or homœopathic. The inquiry is of vast importance, and should be thoroughly investigated; and we shall be happy if any suggestions from us would aid those who are "halting between two opinions" to choose that system of medicine which is supported by the strongest evidence.

The question under consideration should be settled while in health, and not put off until disease has weakened the body and mind, and the matter left to the decision of relatives and neighbors.

In the next place, it is not necessary for the purpose, to have a knowledge of medicine; nor is it best to consult those laymen who pretend to such knowledge; nor is it wise to counsel with physicians on that subject; to this latter there are many objections; we do not mean to insinuate any wrong motive in them, but each one will, of course, advocate his own practice, and in a way not likely to help a layman to a satisfactory decision.

It is by some, thought, that a remarkable cure is the strongest proof that the mode of treatment was the best; especially the last, if the case had had a different one at the first. This is an error.

For unexpected recoveries from dange-

rous diseases happen in all kinds of practice, and such cases prove but little; in truth they are hardly of any account to establish a system of medicine, and both the people and physicians view them in that light.

He who has been in a city practice for twenty-five years will agree with us in that opinion. We have known extraordinary recoveries of health from the lowest diseased conditions, and yet neither the mode of treatment, nor the reputation of the physicians much benefited thereby. The people would have the right view of this subject if they would allow undisturbed their strong common sense to govern them. They know that the truth or falsity of a system of medicine must be ascertained by its general results in all kinds of diseases, and among all classes of people. We would have Homœopathy judged by this rule. This brings us to *statistics*.

The imperfection of *statistical* tables of diseases is thought by some a sufficient cause for their entire rejection, as evidence to aid in a decision of the merits of a system of medicine. Now, let us sift this seemingly formidable objection to the bottom.

Those *statistics* which are at all worthy of notice come from hospitals and dispensaries and other public institutions, where records are kept of the cases treated, and from these records the *statistical* tables are derived. Assuming, as we are bound to do, that there is no intention to deceive, then the only errors that can take place in these table are in the *diagnosis*, or fixing the appropriate name to each disease, and in reporting incomplete for complete cures. Any other inaccuracies are of no importance. These errors are not likely to be numerous, and should not diminish the force of the testimony which these tables are designed to supply.

To reach the object of this article we remark, that whatever pretensions there may be to the contrary, there can be but two modes of medical treatment of diseases; and, however various the measures may be, these modes are properly designated by the terms allopathic and homœopathic. Now, each of these have public institutions for the treatment of the sick, and it is the custom of each to publish from their records, at fixed periods, *statistics* of the number of patients

treated, of what diseases, and the results. The original records are kept in both in a similar manner; the attending physicians and surgeons, generally speaking, are of equal standing in professional education, experience and morality. Consequently, the statistics of each, it is fair to infer, are equally accurate, for whatever errors may exist in one are equally liable to exist in the other; so that, for the purpose of comparison in the weight of evidence, they are alike. Therefore, if statistics show in one mode of practice an average loss of fourteen in a hundred, and the other an average loss of but five in a hundred, then we have reliable proof; in fact, as far as the nature of the subject admits it, it is proved that one is safer than the other. We do not pretend to give the actual per centage of loss in either case, but it is about the ratio between Allopathy and Homœopathy. The former is, invariably, much the largest in all our public institutions, and, so far as it is possible to ascertain from private practice, the proportion of deaths by allopathic practice is greater than by homœopathic. To decide, therefore, which system of medicine should be adopted, it is only necessary to seek for information of the general results, and not allow a single case, or a few cases to decide the question.

(From the Homœopathic Times.)

#### HOMŒOPATHIC TREATMENT OF THE YELLOW FEVER.

[A highly esteemed colleague and contributor thus writes:—]

I have not yet prepared an article for you on the treatment of this pest, but I have some interesting matter to communicate. "Ethiopia stretches forth her hands;" the islands and colonies of the West Indies are ripe for Homœopathy.

One of my dearest friends—faithful and true—a clergyman, thus writes to me, on the 10th of last month, from Barbadoes:—

"The yellow fever has been very severe, and is still prevailing, not only in the garrison and town, but in many parts of the country, even in some most healthy localities. In all these cases, however, we could trace its importation from the town or the suburbs; in one of which, 'Blackrock,' a whole family has been almost swept off. Some negroes have died, which is a remarkable fact; in general, they escape during visitations of yellow fever. Dr. GODING, who has embraced Homœopathy, has treated the poor successfully with our remedies. A fever was put forth in one of the newspapers to draw him out. He published at first anonymously, and then detailed a case in full, and put his name. This has made a

stir. I have begged Mr. — to send you by this mail all the newspapers that contain anything in reference to the question, which I hope he will do. You will thus have a full view of the matter. I have been practising with some success. I had, however, so many applications, many of whom had nothing the matter, but came for medicine, because it was given, and as they had abundance of leisure—I am astonished at the idleness of the people, I cannot tell how they live—they crowded in upon me. One day forty-five were here; some ill. I had some interesting cases, which I was sorry to lose sight of; but I had a hint, that if any one to whom I gave medicine died, the coroner might hold an inquest. No doubt, there was a little jealousy at the bottom, but I am glad to have a breathing-time. I must ascertain from the Attorney-General (who favors Homœopathy) whether I can be indicted, etc., before I resume. Many of the people who came had disordered their stomachs by smoking and rum. The effects of homœopathic treatment upon the children were most marked, and some adults, who would be orderly, have been benefited. The battle has fairly begun; of the final result I have no doubt. I was sorry to see the discussion at the Congress at Edinburgh touching the "auxiliaries." I find Dr. Prince protesting, and the Homœopathic Times sharp in its remarks. . . . I have treated a case of fever in a black boy. *Acoca* abated the fever and increased the secretion of urine and reduced the high color. The father and mother were astonished at the result corresponding so closely with what I told them I hoped it would be. Many persons about me—the clerk, sexton, &c.—are thorough converts, and many of the negroes also."

We now give a leading article from the *West Indian*, a Barbadoes paper:—

"We feel satisfied that we need not apologize for the space we have devoted, in this and previous numbers, to inquiries concerning the nature of the destructive fever which has carried off so many persons, and of the treatment of patients suffering from it. It has baffled the skill and experience of our most eminent medical men; and a new method having been tried with it, with apparently better effect, we have thought it our duty to open our columns to anything that promises or professes to alleviate or remove the dreadful sacrifice of life which it has occasioned, during the last three months that it has prevailed. We give insertion to-day to a letter from Dr. SICKLER, to which we invite the attention of our readers, with his treatment of two cases, as we have before published the method of treatment of Dr. GODING, in St. Peter's, upon the same principles. This treatment appears to us the safest and the best, because it does not reduce the strength of the patient by bleeding, leeching, or excessive doses of mercury, or vomiting—the methods adopted by the practitioners of the old system. For the fever appears to be of a nature, of itself, to take away strength, and to feed upon the vital powers as long as it lasts; and when it passes off, it leaves the patient so weak that it requires a strong constitution and the greatest care to prevent him from sinking from mere exhaustion. Believing, then, that we are doing service to the public, by spreading information concerning the safest means of parrying and overcoming the attack of this direful infection, which, though happily not a constant, is an occasional visitor of our shores, but seldom in so destructive a form as it has appeared on this occasion, we make no apology for calling attention to a subject, which perhaps will appear to many unsuited to our columns, and which requires to be treated in a fuller and calmer manner than can be expected in a newspaper controversy. We have received other communications from the supporters of the old system, which shall appear according as we have room for them."

Here is now a case treated by Dr. GODING:—

(From the *West Indian*, October 28th).

"We have received through our correspondent M. to whom we are much obliged, the homœopathic

treatment of a case of yellow fever in detail, by Dr. GORDON, whose name and well-known character are the best guarantee that could be given of the facts. The letter published in our paper of the 22nd instant, on the homœopathic treatment of the fever generally, was also from him. On the representation of his friends that it was desirable that his name should be attached to a communication of such importance, in order to give the public confidence in the correctness of the statements, he has done so; not to challenge a controversy with the supporters of the old system of treatment, but merely, as we have said above, to authenticate the facts adduced by him in his communication; and how desirable this is, will appear from the comments of a correspondent in our present number on the statements of the doctor, published in our paper before the last:—

"J. L. K.—, white, aged 14, of bilious temperament, was suddenly seized, at four o'clock a.m., on the 15th, with chills, quickly followed by headache and hot fever. Found him at ten a.m., with the following symptoms:—Severe and shooting pains in head; forehead very hot; cheeks much flushed; eyes injected, and intolerant of light; tongue slightly furred in centre, with red edges; dry burning heat of skin; uneasy, anxious expression of countenance; pulse quick, full, and bounding; oppressed respiration. He complains of pains 'all over him,' but particularly in his head, back, and lower extremities.

"*Tinct. Aconite*, 3rd dilution, five drops in a wine-glassful of water.

"*Tinct. Belladonna* 3, in a wineglassful of water; a teaspoonful of the medicines to be given alternately every hour. A slip of muslin was laid on his burning forehead, and ordered to be moistened with cold water. Water alone was to be given to the patient to assuage his thirst.

"Two o'clock p.m. No material change; the medicines to be continued every two hours, in alternation.

"October 16th, six o'clock, a.m. Has passed a very restless and sleepless night; was delirious at times; bowels moved in the night; the tongue is now furred, of a dark grey in the centre, with very red edges and tip; the eyes still injected, with a very slight tinge of yellow; fetor of breath; complains of cutting sore pains across his stomach and bowels; the abdomen sensitive to pressure; thirst; the skin is still very hot; pulse quick, but more compressible than yesterday; the headache relieved.

"Discontinue *Belladonna*, and give it occasionally only; should the head get worse, *Aconite* every third hour. Eight o'clock p.m.—Much the same; head cooler, and a slight moisture on the skin. Continue *Aconite* every fourth hour.

"October 17th, ten o'clock a.m. No sleep, and a restless night; garrulous delirium; 'talked idly;' had several large, loose, and dark evacuations; urine red and turbid; vomited twice, at eight and nine o'clock, dark greenish matter, with black streaks adhering to the sides and bottom of the basin; the heat of the skin has abated, and gives place to a clammy moisture; pulse quick and quite compressible; great languor; cannot move without assistance; turning in bed causes nausea; anxious and very pale face, indicative of mental uneasiness and weakness; complains of great debility, and a burning sore pain in pit of the stomach, and in the bowels; answers at times incoherently to questions; fetid breath.

"*Tinct. Arsenicum alb.*, 3rd dilution, four drops in a wineglass of water, a teaspoonful every two hours. Discontinue *Aconite*.

"Two o'clock p.m. Burning in stomach relieved, but there is still pain and nausea; fetor of breath; the patient has a more cheerful countenance, and says he is better.

"Continue *Arsenicum* every fourth hour.

"Eight o'clock, p.m. At about three o'clock the patient suddenly gulped up a tablespoonful of black matter like coffee-ground; since then he has had no vomiting. He now seems better; the tongue is cleaning, and the pulse improves; the skin almost natural; still complains of pain and lump in his stomach, and the burning has returned slightly.

"*Nux vomica* 6, three globules directly. Continue *Arsenicum* every six hours; *Veratrum alb.* 3, three drops in a wineglass of water; a teaspoonful to be

given, should the black vomit return during the night.

"October 18th, six a.m. Had a vomit at three o'clock this morning, but merely of whitish glairy mucus, very slightly tinged with dark streaks.

"A dose of the *Veratrum* was given.

"The patient feels much better, although he has not slept, and all his symptoms are more favorable; he says his teeth are loose; and on examination of the mouth, the gums are found dark red, tender, and slightly ulcerated at the joinings with the teeth; the tongue continues unnaturally red, with a thin white furred centre. The burning and lump in the stomach remain, but without nausea.

"Discontinue *Arsenicum*. *Nux vomica* 6, three globules directly.

"As the patient has taken nothing since his illness but water, sage was ordered, in small quantities at a time.

October 19th. Improvement progressive; skin natural; fetor of breath gone; bad appetite; expresses desire for a little bread and honey, which was allowed, and beef-tea ordered; as he sleeps badly, *China* 3, three globules to be given to-night.

"20th. Slept soundly through the night, and is much refreshed.

"21st and 22nd. *In statu quo*; no more medicine; has been moved on a sofa, and feels stronger; urinary difficulties, the secretion being of a deep tinge like that in jaundice.

"*Bry.* 6, three globules.

"Has permission to go home into the country to-morrow.

"24th. Visited my patient to-day; he bore his journey well, and although weak, he progresses favorably.

"FRANCIS GODING, M.D.

"Whitehall, St. Peter's."

Subsequently the Editor remarks:—

"The fever has moderated in its violence we are happy to say, although it still continues to attack persons both in the town and country. More persons are seized by it, but the number of those who fall victims to it is fewer. The weather still continues dry, with an intolerably fierce sun, fast destroying the hopes of a large crop for next year. The wind still blows from the south, and has driven all the clouds to the north part of the island, where, from appearances and some growl of thunder, we doubt not that there has been a fall of rain this forenoon."

The good people of England need not alarm themselves about yellow fever being acclimated in England. It is a disease of warm countries, not of such as are facetiously called *temperate*, like that of England. But we give the latest intelligence:—

#### "FEARFUL RAVAGES OF THE YELLOW FEVER.

"The royal West India mail-boat Medway, Capt. Weller, from the West Indies, arrived at Southampton on Thursday, and landed her mails under the charge of Lieut. P. Rainier, R. N., Admiralty agent. The following are her dates of sailing:—Vera Cruz, Nov. 5; Tampico, no mails; Havana, Nov. 12; Chagres, Nov. 8; Honduras, Nov. 8; Cartagena, Nov. 10; Jamaica, Nov. 10; Demerara, Nov. 9; Trinidad, Nov. 9; Barbadoes, Nov. 11; Antigua, Nov. 13; Martinique, Nov. 12; Grenada, Nov. 10; Porto Rico, Nov. 14; St. Thomas, Nov. 20; La Guayra, Nov. 10.

"On the arrival of the Medway in Southampton Water, at half-past nine o'clock, a surgeon went off with the custom-house officers to inquire into the bill of health she brought. It was found that five had died on board the Medway from yellow fever, since she had left Jamaica; that two had died since she left St. Thomas, one of them on the 29th ult. The Medway was then ordered to go some way down the river, and await the orders of the Collector of Customs. Shortly afterwards an order was issued to

\* Stomachicæ. In the boy who died of the fever, this inflammation of the mouth had something the character of an scurvy.



land the mails, and the Isle of Wight steamer was dispatched to bring them ashore. Dr. Sutherland, of the Board of Health, who is on an official visit to Southampton, and Dr. Cooper, the medical officer of the Board of Health at Southampton, went down to the Medway in the Isle of Wight steamer, to see the surgeon of the Medway, Mr. Scott. The latter stated that the yellow fever broke out on board the Medway in Kingston harbor; that four cases had occurred there, five at St. Thomas, and one after leaving St. Thomas. The five cases of death took place on the 5th, 8th, 14th, 24th, and 29th of last month. There were several cases of death on board besides, but not from yellow fever. There had been seventeen cases of illness in the whole on board the Medway, nine of which had proved fatal. A man who had recovered from an attack of the yellow fever was brought forward to be seen by Dr. Sutherland. He was a common sailor. He looked yellow about the eyes, but strong and cheerful. No one on board the Isle of Wight and Medway steamers were allowed to touch each other, and Dr. Sutherland and Dr. Cooper stood on the paddle-box of the former, and Dr. Scott stood on the sponson of the latter, and communicated with each other.

"As soon as the mails were landed, a steamer went out for the passengers and their baggage. Early in the day the Collector of Customs telegraphed to the Board of Health, and he was ordered not to clear the Medway until Sir William Pym came to Southampton, which he was about to do immediately.

"The saddest accounts were brought by the Medway of the yellow fever in the West Indies. The Trent, packet, had lost two of her engineers, Mr. Nutt, midshipman, and several of her crew. Her second officer was invalided from fever, and had come home in the Medway.

"The Derwent also had been sickly, in spite of her recent trip to New York, having lost two hands while at St. Thomas. Indeed, the intense heat, added to prevalence of yellow fever at St. Thomas, has had a very fatal influence over every ship in the harbor.

"The Dee, on her voyage to the Gulf of Mexico, has lost several of her crew, among whom are her stewardess and French cook.

"The fever was on the increase in Barbadoes, and amongst the more recent sufferers were the son of the General, the Rev. E. Dixwood, Col. Williams (Royal Artillery), Mrs. Col. Wright, and many others. St. Thomas and Martinique, Guadaloupe and St. Lucia, together with Barbadoes, have been and are still suffering sadly from the horrid pestilence, to all appearance the same fever which has proved so fatal in Brazil. In Martinique nearly 800 troops had died out of 500; 90 had died in the French frigate at Port Royal; indeed, it is much to be feared that in its disastrous consequences this sickness will surpass any of late years."

[We feel morally convinced that our progress is one which must attract the attention of our Government, as well as others, very speedily; the sooner the better, for we have no hesitation in saying that an inquiry is demanded on the part of suffering humanity, in the broadest sense.

We conceive—nay, are prepared to prove—that the treatment of disease upon homœopathic principles will ultimately effect an amelioration of the condition of mankind generally, in our poor-rates and work-house system, and will tend to elevate the whole moral being of diseased humanity. Among the estimates voted in the House of Commons, we perceive that the sum of £1,200 was voted for physicking the seamen and marines alone. No doubt this will appear enormous to those who know what an amount of good can be accomplished with a small amount of medicinal expenditure; such of our brethren who are in the

secrets of allopathic polypharmacy, however, and who have been initiated into the secret of pretty tinctures, and other expensive preparations, which Homœopathy entirely laughs to scorn, will be prepared to look upon this enormous sum as nothing extravagant in the views of allopaths—allopaths in every sense of the word.

As our naval force too often becomes the prey of yellow fever, a successful mode of treating this formidable disease cannot fail to be of intense interest to all those whose business is on the deep waters. We have received by the last packet the following note with the West Indian journals, confirmatory of the information furnished by our contributor, who has favored us on the present occasion, and with a preceding paper on yellow fever. The fact of five, out of some thirty medical practitioners who exercise their calling in Barbadoes, having adopted Homœopathy, is very important. We wait for the fulfilment of our contributor's promise to furnish us with the homœopathic treatment of yellow fever. Our foreign correspondent thus writes:—

"Barbadoes, Nov. 11, 1852.

"Sir,—I have sent to your address two numbers of the *West Indian* newspaper, published here, giving some account of the homœopathic treatment of the epidemic of yellow or Bilum fever, which is now raging here. I think they will be the more interesting, as from all I can find there has been very little homœopathic experience in the treatment of this disease before; and the successful treatment of any new and generally very fatal epidemic must tend to strengthen the public confidence in the new school of medicine.

"I had intended to address you at some length, on the rise and progress of Homœopathy in the island, but have been prevented from doing so by this opportunity, and do not like to lose the chance of putting you as early as possible in possession of the interesting facts alluded to.

"I can only now add, that in the last three years Homœopathy has taken root here, and that we have now five regularly-educated men practising it in different parts of the island, two of them in Bridgetown. Dr. GODING, whose letters are forwarded in the newspaper, is in high esteem here both as a physician and in private life, and his opinions are of weight."

### CURE ME QUICKLY.

The "hot haste" of patients, in conjunction with relatives and friends, to have cures effected, is sometimes exceedingly embarrassing to physicians in the faithful performance of their difficult and important duties. It would be well for those who may have occasion for the services of medical men, to understand enough of diseases and their treatment to avoid this evil of which we complain, and thereby the interest of the sick will be promoted. We are fully convinced that all the premature deaths should not be placed in the responsibility of

physicians. Many injurious things have been done in the absence of medical attendants, and without their advice or sanction, which defeats cures. There is a class of persons who are meddlesome in the room of the sick. These persons assume to be competent to judge of diseases and their treatment, and do not hesitate, in the presence of the sick, to undertake a critical examination of the physician's doings, with a fixed purpose of disapproving of every measure he may have advised. These are mischief-makers of the worst sort, and should never be admitted to the room of the sick; for what evil they may not have an opportunity of doing by words, they will more effectually, perhaps, accomplish by actions. It often happens, as every experienced physician knows, that by the influence of these *croakers*, just at the *crisis* of a disease, when a few hours would show its decline, and a single day establish a convalescence, just at this moment the *croaker* urges the necessity of a consultation of his or her favorite physician; and as the friends and relatives of the sick do not perceive anything unreasonable in such advice, they yield, and although the counsel may not suggest any change in the treatment, yet convalescence coming on so soon after his visit, it is inferred that his skill was the cause of it, and thereby injustice is done to a truly worthy and a really skilful practitioner.

We would deal fairly with our opponents in the profession, knowing, as we do, that such evidence in favor of Homœopathy works injuriously to her interests. Therefore we do not regard those cases which have been under allopathic treatment, and have reached the *crisis* point, when they come under homœopathic, as very strong evidence for the latter. Under such circumstances, there are so many particulars which should be accurately ascertained to form a just opinion, that it is out of the question to attempt such an investigation with a hope of anything like a satisfactory result. We think it fair, therefore, to strike out all such testimony, because it is uncertain, and Homœopathy does not need it.

In connection, for the especial benefit of our lay readers, we remark that diseases are primarily a disturbance of the vital principle, which is only known by sensations and

actions, the causes of which are not accurately ascertained; hence the thousand speculations on the causes of disease are of but little practical value.

The injury (except mechanical) of solid parts, or the substance of the human body is the result of an unnatural, or, more properly speaking, diseased action. By causes which we will not attempt to name, for the reason, the profession knows but little of them, each individual has a vital force which, in some respects, differs from all other persons; and, although the human family resemble one another, yet no two are in all respects the same, neither in body nor in mind. The thousand causes of diseases, and the thousand combinations of these causes acting on every person, influence each one differently. And hence it is, no two persons with the same disease, have, in all respects, the same symptoms and sufferings. Observation and experience proves that whatever may be the causes of diseases, individuals are affected variously, owing, doubtless, to unknown peculiarities of constitution in each.

Much of what is recorded in medical works on the different constitutions, or, perhaps, it is best to say, temperaments, is almost worthless for practical purposes. The practitioner is compelled, therefore, to fall back on the facts as distinctly developed in individual cases, and employ the means which experience, guided by the established therapeutic law, has proved in the hands of the profession to be appropriate, and then patiently wait the result. We should not omit to mention those fixed diseases, small-pox, measles, etc., which are remarkably uniform in their course in all persons. Yet even in these maladies there are differences,—in symptoms—in severity, and in the period of a final recovery. On the whole, after due care has been observed in the selection of a physician in a case of sickness, it will be best to leave him to the entire management of the case, without fault-finding or urging him to hasten the cure, which he cannot do by increasing the force of his remedies, by the enlargement of the doses, and a more frequent repetition of them, which is the point usually urged by the laity. Such practice is dangerous, as every homœopathic physician knows, and with them there should be firmness enough to



resist promptly such unwise interference with their professional duties.

## PHENOMENA AND THEORY OF INFLAMMATION,

IN CONNECTION WITH HOMŒOPATHIC STATISTICS.

By JOHN OZANNE, M. D.

(Continued from page 129.)

### VI.

II. *Mercury in pneumonia. Influence of Mercury on the composition of the blood.*—Dr. Watson recommends *Mercury* in preference to *Tartar Emetic* in the second stage of pneumonia; that is to say, at the period when fibrinous exudations are taking place, or are accomplished.

"When, however, the inflammation has reached the second stage, that of solidification, *Mercury* is more worthy of confidence, in my opinion, than *Tartarized Antimony*. . . . . The object of giving it is to make the gums tender; and it is expedient to do this as speedily as may be. . . . . Many persons, I am persuaded, are saved by treatment of this kind, pushed to slight ptyalism; the effusion of lymph, tending to spoil the texture of the lung, is arrested; and the lymph, already effused, begins to be again absorbed." (Lectures, vol. ii. p. 94.)

It is clear, from the following passage, that Dr. Watson looks upon *Mercury* as an antiphlogistic in the allopathic sense; as a destroyer of fibrin, and as a medicine tending to depress rather than to stimulate or tonify.

"After the inflamed lung has become solid and impermeable, the treatment must be regulated rather by the state of the system at large, than by the actual or presumed condition of the lung. We must look more for guidance to the general symptoms than to the physical signs. If the pulse continue steady and firm, wait patiently the effect of the *Mercury*. But when sunken features, a pallid face, coldness of the surface or extremities, a tendency to delirium, and, above all, a feeble or irregular pulse proclaim that the vital powers are giving way, it will be requisite, as in other cases where death is threatened by asthenia, to administer cordial and stimulant medicines—the *Carbonate of Ammonia* in a decoction of *Seneca*, wine, and to feed the patient well on milk\* or beef tea." (pp. 94, 95.)

\* It is one of the absurdities so often witnessed in allopathic practice, to imagine that one may at pleasure draw almost any quantity of blood in inflammatory disease, bring the patient as it were to death's door, and when it is found that life is fast flitting away, restore the vital powers by feeding "the patient well on milk or beef-tea," when he can digest neither of them!

But the use of *Mercury* as an antiphlogistic is not limited to pneumonia. "Of late years, various forms of inflammation have been most successfully combatted by the use of *Mercury*. Hence this mineral is termed an antiphlogistic. . . . . It is principally valuable in adhesive inflammation, to stop, control, or prevent the effusion of coagulable lymph. On the other hand, it may prove injurious in erythematous, serofulous, malignant, and gangrenous inflammations, accompanied with debility or great irritability of the nervous system." (Pereira, Mat. Med., 3d edit., vol i., p. 826.)

"*Mercury* is not equally serviceable in all inflammations. . . . . Thus it appears that inflammations of membranous tissues are those principally benefited by a mercurial plan of treatment; and more especially those in which there is a tendency to the exudation of coagulable lymph, or of serous fluid, as meningitis, pleuritis, pericarditis, and peritonitis. . . . . In inflammation of the tissues of the eye, particularly iritis, *Mercury* (next to blood-letting) is the only remedy on which much confidence can be placed; and we use it not merely with a view of putting a stop to the inflammatory action, but also in order to cause the absorption of the effused lymph. . . . . In pneumonia, more especially when hepatization has taken place, the best effects have sometimes resulted from its use; of course, after the employment of blood-letting. When hepatization has taken place, Dr. Davies recommends the use of *Blue Pill* and *Opium*." (pp. 826, 827.)

The above quotations, first, from a standard work on the practice of medicine, and, second, from an excellent compilation of the therapeutic opinions and knowledge of the day, sufficiently establish, we believe, the fact that *Mercury* is generally looked upon as the best antiphlogistic, next to blood-letting, in all the forms of inflammation which present in the highest degree the genuine inflammatory type; and as not only useful but indispensable for the prevention of fibrinous effusions, or their removal by absorption.

As a further illustration of the light in which the action of *Mercury* on the system is looked upon, we may adduce the fact, that it is rarely used in continued fever in such a manner as to produce a marked action upon the mouth, or if so used, it is only when inflammatory symptoms arise during the course of the fever. Thus Dr. Pereira says: "I have only used them (mercurial preparations) when there was some marked local determination or inflammatory condition." (Loc. cit., p. 825.)

As we wish to draw the reader's particular attention to this part of the theory and practice of allopathic medicine, we transcribe the following long extract from the work of a physician, whose talents for

the observation of disease, and power of illustration of individual cases, have long since won our warmest admiration. A work, too, which cannot be studied and meditated upon without fruit, by every close observer of disease, be his therapeutical notions what they may. On the use of mercurials in fevers, Dr. Graves expresses himself thus:

"These considerations, and others, have convinced me that the exhibition of *Mercury* in fever, with the view of touching the guns, is injurious and unnecessary. There are, however, cases in which you will be compelled to have recourse to *Mercury*, whatever the stage or the type of the fever may be. Whenever inflammation of some internal organ—as, for instance, of the lungs—arises during the progress of fever, you must employ *Mercury* at once; and cases of pneumonia, which would have proved fatal, have, on numberless occasions, been treated successfully by mercurialization. But under ordinary circumstances, and where there is no indication similar to that which I have just pointed out, I do not see any advantage to be derived from the use of *Mercury*. I am not, therefore, in the habit of employing *Mercury* in fever. Sometimes I use *Calomel* as an aperient, and I frequently prescribe small doses of *Hydrargyrum cum cretâ*, with the view of gently stimulating the liver, and preventing the tendency to congestion of the intestinal canal, but further than this I am not in the habit of going; and I never, except in cases of pneumonia, or inflammation of some internal organ, attempt to bring the patient's system under the influence of *Mercury* during the course of typhus (Graves, Clin Lect. on Pract. Med., vol. i., p. 165).

We thus find that when *Mercury* is so given as to produce a marked action upon the mouth, it is generally supposed to be useful in inflammations, and hurtful in fevers not complicated with inflammatory diseases.

Taking this broad view of the facts before us, and knowing, moreover, by the results of chemical analysis, that the essential difference between the blood in inflammation and that in fever consists in this: that in the former the fibrin is greatly increased, whereas in the latter it is unaffected, or, if affected, it is diminished in quantity. Taking these two circumstances together, it would follow, as a matter of course, if the principle *contraria contrariis curantur* were accepted as the rule of practice, that *Mercury* must diminish the proportion of fibrin in the blood. For, in order to restore the equilibrium in inflammation, in accordance with the allopathic principle, the remedial agent must necessarily be capable of diminishing, or in some way removing, that excess of fibrin in the blood in inflammations which chemical analysis renders manifest. If *Mer-*

*cury* is capable of doing that, we may of course grant, as a consequence of that power, that it may be capable likewise of removing fibrinous exudations (as it does in iritis and other diseases), in accordance with the principle *contraria contrariis curantur*. Let us, therefore, inquire into the views of allopathists respecting its curative properties.

Dr. Pereira classes *Mercury* among the "resolvent or liquefacient spanemics."

After giving the opinions of several authors, he says: "May not these remedies (*i. e.*, the liquefacient spanemics) act by correcting the quality of the blood in inflammation? It is now well known that the blood in this disease contains an abnormal quantity of fibrin, the quantity of which is diminished by the use of the liquefacient spanemics. Moreover, in buffy blood, the red corpuscles sink more rapidly than in healthy blood; a circumstance which Mr. Gulliver ascribes to their increased tendency to cluster or aggregate. Now, the salts tend to keep the corpuscles asunder; and to this cause Mr. Gulliver ascribes the efficacy of those agents in inflammation. Furthermore, the blood of an inflamed part contains an increased number of white globules, which have a remarkable disposition to adhere to the walls of the vessels, and to one another; and it is not improbable that the beneficial effects of resolvents and liquefacients may be due to their influence in diminishing the number and adhesiveness of these globules" (loc. cit., p. 176).

This is, as our readers will perceive, a theory of Dr. Williams, which Dr. Pereira fully adopts and mixes up with certain crude notions of the supposed curative effects produced by the separating properties of the solutions of salts; the whole based, be it observed, upon purely physical notions regarding the curative agent, and upon assumed facts, the fallacy of which we have fully proved, regarding the nature of inflammation.

Will the reader, with these facts before him, doubt the propriety of having recourse to experiments upon the healthy in order to discover the properties of drugs, as our great Master did? We do not think it possible that such a doubt should arise in his mind.

Had the allopathist Pereira, instead of attempting to prove that because *Mercury* cures inflammatory diseases, it must possess properties of a tendency the direct contrary of the tendency of the disease; and, instead of being tempted to adopt a theory of inflammation of the crudest description, resting, moreover, on facts which, at the time his first volume was written (1849), had been proved to be false, had he carefully considered some of the facts regarding the physiological action of *Mercury*, which he himself reports, and which we shall extract

from his work, he might perhaps have been led to adopt a principle of cure far different from the law of *contraries*—he might, like Hahnemann, have been led to the adoption of the principle *similia similibus curantur*!

Let us now proceed to inquire how we can explain the curative action of *Mercury* in inflammatory disease.

We shall derive our facts from two sources: from clinical observations, and from the analysis of the blood of persons to whom *Mercury* has been given in such a manner as to produce some marked action upon the mouth.

"During this state (mercurial salivation) the fat is rapidly absorbed, and the patient becomes exceedingly emaciated. The blood, when drawn from a vein, puts on the same appearance as it does in inflammatory disease" (Pereira, loc. cit., p. 814).

"Soon after salivation has been established, the blood exhibits an inflammatory crust. At a later period its color deepens, and its coagulability is diminished; the proportion of clot, and therefore of fibrin, to serum becomes smaller" (ibid).

We are not told how long after the fibrin begins to give way. But this is certain, that the pneumonic process lasts usually nine days; that from the time the hepatization is formed to the time that its termination, either in suppuration or in incipient resolution, has taken place, a period of at most three, four, or five days elapses; therefore, the very period when the *Mercury* is acting upon the system as a curative agent is that when it is found to produce a buffy coat on the blood, such as exists in blood drawn during the course of inflammation occurring spontaneously.

"According to Dr. Farre, it diminishes the number of the red globules of the blood" (ibid). Another point of similarity with inflammatory disease occurring naturally.

If, then, *Mercury* have the power to cure inflammatory disease, it can only be in accordance with the homœopathic law. But what are the results of chemical analysis? We find them in Andral (*Hématologie Pathologique*).

In four cases in which stomatitis occurred, as the result of the administration of *Mercury*, the blood was analysed, and gave the following proportions of fibrin:—

*Case I.* Slight stomatitis and copious salivation after the exhibition of twenty-four grains of *Calomel*. The proportion of fibrin was 4.5 (the normal proportion being at the very most 2.0) in 1000 parts.

*Case II.* A rather more decided stomatitis was produced by only twelve grains of *Calomel*. Pulse 100; temperature 39 per cent.; the proportion of fibrin was 5.0 in 1000 parts.

*Case III.* Stomatitis, more intense than the preceding, after mercurial frictions, and *Calomel* internally. Pulse 98; tempera-

ture 38.50 per cent. Proportion of fibrin 8.4 in 1000 parts.

*Case IV.* The same proportion as in the preceding case produced more intense stomatitis. Pulse 120; temperature 39 per cent. Proportion of fibrin 6.6 in 1000 parts. The patient had been bled a few days previously for "slight cerebral hemorrhage." The proportion of fibrin was then only 3.5. Thus the quantity of fibrin in the blood was doubled by the action of *Mercury*.

"Thus," says M. Andral, "mercurial stomatitis, in spite of its specific character, does not differ from ordinary inflammation with reference to the influence it exerts on the blood; and yet it has often been said that *Mercury* introduced into the system brings about a state of dissolution of the blood, which cannot co-exist with an increase of the fibrin.\*

It may be that this may be so after a prolonged employment of this medicine; but it is assuredly not so for some time after its first being exhibited. Consequently, when it is employed in order to combat certain acute inflammation—peritonitis, for instance—we have no right to assume that its antiphlogistic action is dependent upon its producing in the blood a condition the opposite to that, which coincides in this fluid with the existence of an inflammatory state. Moreover, I do not see that this dissolving action on the blood, said to be produced by *Mercury*, has ever been demonstrated by a sufficiently rigorous examination of the blood in such cases" (pp. 89, 90).

We thus find as the results of our inquiry into the action of *Mercury* in inflammation, and into its action on the blood, in cases in which no inflammation existed before it was administered, that it produces the very changes in the blood which the inflammation itself produces, and which is characteristic of the inflammatory process, namely, a marked increase of the proportion of fibrin. This is a fact proved both by clinical observation and by the balance of the chemist.

We find, also, that when so administered as to produce a marked action upon the mouth, *Mercury* is considered by allopathists to be *beneficial in inflammation, and hurtful in fever*. Therefore, both in inflammation and in fever, its action is not in accordance with the principle *contraria contrariis curantur*.

We are thus led to frame the following propositions:—

1. There is no circumstance in the action

\* Dr. Balfour, in his Report on the Vienna Hospitals, in the *British and Foreign Medical Review* (No. 44, p. 591), says of Professor Skoda, that "at present he is trying the new chemical theories and gives the patients *sublimates*, as in pneumonia. The above facts show that Skoda was in reality treating his pneumonic patients homœopathically."



of *Mercury* on the blood which tends in the least to show that it is either beneficial or indispensable in inflammatory disease, in accordance with allopathic principles.

2. On the contrary, everything tends to show that its curative action in inflammatory diseases, is in accordance with the law *similia similibus curantur*.\*

III. *Tartar Emetic* in inflammation. *Pathogenetic action of Tartar Emetic*.—"We want some remedy, therefore," says Dr. Watson, "to assist the lancet, or to employ alone, when the lancet can do no more; and we have two such in *Tartarized Antimony* and in *Mercury*. The tartar-emetie plan I believe to be the best adapted to the first degree of the inflammation, that of engorgement; and the mercurial plan to the second—to that of hepatization. . . . Under this plan of treatment the symptoms will often undergo a marked change for the better in three or four hours. Sometimes, however, the relief is not conspicuous for twenty-four or even for thirty-six hours" (Watson's Lect. on Physic, vol. ii. p. 93, 94).

On what principle does *Tartar Emetic* act curatively in pneumonia?

Dr. Routh tells us, that "allopathists, admitting the occasional truth of this doctrine *similia similibus curantur*, have given the larger dose. The experiments of Magendie have shown that *Tartar Emetic*, in doses of six to eight grains, will produce, among other lessons, pneumonia, if not rejected by vomiting. Every day's experience proves the efficacy of large doses of *Tartar Emetic* in curing pneumonia and other affections of the lungs" (Routh's Fallacies of Homoeopathy, p. 6).

But M. Magendie's observations are contested. It is denied by others that *Tartar Emetic*, given in large doses to animals, ever produces hepatization of the lungs. We confess that we have the greatest respect for M. Magendie's authority as an experimental physiologist, and we believe that he cannot have been mistaken in asserting *Tartar Emetic* produces pneumonia. It may be that it does not usually produce hepatization. But at any

rate it produces a condition of the lungs exactly similar to that observed in the first stage of pneumonia.

But whether it be so or not, if *Tartar Emetic* is so beneficial in pneumonia, allopathists cannot claim it as an allopathic medication; for *Tartar Emetic*—witness its action on the skin, for instance—is a violent irritant. Now, on allopathic principles, it would be absurd to give irritants in inflammation! But this objection is so well expressed by Dr. Adams, in his edition of the works of Hippocrates (Syd. Soc. edition, London, 1849), that I cannot forbear from quoting his remarks.

"I am almost afraid further to put the question to the profession of the present day, whether or not the administration of antimonials in pleuro-pneumonia be an improvement on the ancient practice or the reverse? Shall we say, then, that experience has decided that this substance (*Antimony*), which, when applied to the cuticle, and to its prolongation, the epithelium of the stomach and bowels, occasions pain, heat, and vascular congestions, produces the very opposite effect on the lungs, when absorbed into the blood and conveyed to them? I dare not venture to answer these questions myself, but suggest them as deserving to be reconsidered, with serious impartiality, by the profession" (vol. i. p. 280).

It is clear then, that, whether we admit or not the authority of M. Magendie's experiments, we must conclude that—

1. The curative action of *Tartar Emetic* in pneumonia cannot be accounted for on allopathic principles; for it is in direct contradiction of them.

2. Although *Tartar Emetic* produces on the healthy subject symptoms similar to some of those observed in pneumonia, it is doubtful whether its effects can ever be said to be similar to fully-developed pneumonia. Hence it may be useful in pneumonia, but most probably is only entitled to occupy a very inferior position with regard to other drugs, in the homoeopathic treatment of inflammation of the lungs.

IV. *Blisters in pneumonia: their influence on the composition of the blood*.—The beneficial influence of blisters upon pneumonia is, by many allopathists, held to be entirely unfounded. But there are various modes of blistering. We may use blisters of various sizes; some so small as to be capable of producing no constitutional effects; others so large as to produce marked febrile symptoms, together with various other symptoms. We may, therefore, take it for granted that the action of blisters, independently of their action upon the kidneys or urinary bladder, is proportionate to the extent of surface which they cover.

M. Andral, in his researches into the composition of the blood in various diseases, analysed the blood in persons who

\* We may add that, considering the pathogenetic action of *Mercury* upon the blood, more especially in reference to its degree, we are led to look upon it as essentially homoeopathic in those inflammations which do not present in the highest degree the characteristic phenomena of inflammation; for instance, it ought to be more useful in inflammations of mucous membranes, or of glandular structures. But it may, on these very grounds, be held to be serviceable when the intensity of the inflammation has been in a measure subdued by the action of other remedies. Thus, in inflammations of serous membranes, it ought, on these grounds, to be found of use after the employment of *Aconite* or of *Belladonna*. We believe these deductions, from the pathogenetic action of *Mercury* on the blood, to be worthy of consideration in practice, and perhaps in no case more than in some obscure forms of sub-acute intestinal inflammation.

presented burns of different extent. Thus, he says—

"Acute inflammations of the skin produce, just as well as inflammations of the mucous membrane, an increase of the proportion of fibrin in the blood. I have ascertained this increase in an individual who had an extensive burn; whereas it was wanting in another who had been burnt less severely and less extensively (Hématol. Path., p. 92).

Further on, he says, of revulsive agents, and particularly of blisters—

"But another effect of these so-called revulsive agents, which has been less noticed, is that which they may have upon the composition of the blood, which they must modify, on account of the materials which they remove from this fluid. Thus, a large blister removes from the blood a certain quantity of its serum; but, in addition to this, fibrin is deposited on the surface of the sore produced by the action of *Cantharides*. When there exists in the blood a superabundance of fibrin, will this be the means of diminishing in the blood the excess of this substance? or else, on the contrary, if the action of the *Cantharides* be exerted over a large surface, if the inflammation which results from their application have much intensity, if, above all, the febrile movement already existing be increased, will there not result from it a new cause of superabundant formation of fibrin, and will not this cutaneous inflammation, produced artificially to diminish the intensity of another inflammation, by the influence which it exerts upon the composition of the blood, increase the morbid condition which represents in the blood the inflammatory state, and which manifests its intensity?" (Loc. cit., p. 124.)

But it may be said that blisters large enough to produce such effects are never used. Here is what Dr. Watson says upon the subject:—

"A large blister is often productive of very sensible benefit; but it should be a large one. The patient should have a waistcoat almost, or at any rate a breast-plate of blistering plaster" (loc. cit., p. 95).

Let the reader look again at M. Andral's remarks, and at Dr. Watson's recommendation, that if the blister be of any use it must be a very large one, and he will conclude with us—

1. That if blisters are of service in pneumonia, it is on principles in direct contradiction with the allopathic principle.

2. That if they be serviceable, it is in accordance with the law *similia similibus curantur*.

(To be continued.)

## HOMŒOPATHY *via* YOUNG PHYSIC.

By J. RUTHERFORD RUSSELL, M.D.

(Continued from page 136.)

There can be no greater contrast than that presented by Dr. Forbes, as a destroyer and as a builder. Nothing can be clearer, more precise, more acute, than his objections to the systems or practice of others; but when he makes his own system known, he becomes vague and obscure in the extreme, and falls into declamation about the medical profession being "grand and glorious in its essence, aims and aspirations!" Wearied, it would seem, with the work of demolition, he sinks into the state described by Horace, when he says "*Auditis? an me ludit amabilis insania?*" and in the dim perspective he sees the future progeny of Young Physic flit past like Banquo's shadowy race, but cannot catch or paint their lineaments.

The system which is thus faintly suggested in the article of Dr. Forbes is more fully expounded by Dr. A. Combe, in his letter "On the Observation of Nature in the Treatment of Disease." This letter is very remarkable for its candor and high moral tone. It contains also much truth, and shows that the writer, to some extent, perceives the real cause of the backward state of medicine when he says that "notwithstanding the ardor and success with which facts are sought for, yet, inasmuch as the ultimate facts remain unknown, the others lead to no useful result." If, by ultimate fact, Dr. Combe means the largest possible generalisation—and this is the only idea that a disciple of Bacon can attach to the phrase—then we entirely agree with him, but we look upon the homœopathic principle as being that ultimate fact which he seeks. Although to a certain extent Dr. Combe feels the necessities of medicine, and truly says it is by the ascertainment of an ultimate fact, that is, a general law, that we can advance our science, yet the means by which he strives to reach the point of vantage are as vague as his general conception of what it would be, when gained, is just and exalted.

The system which Dr. Combe expounds is founded on a radical error in philosophy. His view is this: If we observe the progress of disease, we shall find that it runs a determinate course; it has its origin, its growth, and its decline; in these it obeys certain fixed laws given to it by the Creator. It is for man to learn these laws—to interpret these laws, but not to interfere with them. Nature alone cures, not man. It is presumptuous in man to usurp the prerogative of nature. Such seems the general drift of his opinions, as contained in the preceding article.

The great error contained in this view

consists in confounding the so-called laws of nature with the laws of a moral Creator.

The tap-root of the false school of philosophy to which Dr. Combe seems to belong, and which has recently been fully expounded in many popular works, is confounding the real obligation of man to obey the moral laws of his Creator with his assumed submission to the laws of the creation. The so-called laws of the creation have no existence out of the mind of man. They are but the summary expressions of his knowledge; they are but the ultimate facts or laws he has arrived at. "Ultimate laws," says Mr. Mill, "are observed uniformities of nature which cannot be resolved into more general laws."—*Mill's Logic*, vol. ii. p. 3. All that they express, in any case, is the constant relation of certain facts to certain other facts. This is all that gravitation expresses. Because gravitation is a law of nature, would any sane man argue that therefore it ought not to be interfered with? What is the whole active life of man, but a struggle with this great law of nature? What is death but a sinking under it—becoming obedient to it—being let down, pulled down, we might say, in submission to this grand natural law? It cannot, then, be argued, that because a process occurs in obedience to a law of physiology or pathology, that on that ground alone we ought not to interfere with it. It must be shown that it would be inexpedient to the patient if we did. This, which is the only real point at issue between us and the naturalists, Dr. Combe does not attempt to touch. He shows, indeed, that in certain cases it is very hazardous to use the ordinary depleting measures; but he does not even attempt to show that there are not, or may not be, means which are innocuous, yet potently beneficial. He does not show that there may not be a science of therapeutics, or curing; but he implies, from the position he at first assumes, that there cannot.

Miserable as are the conclusions Dr. Combe arrives at, we believe they are the logical consequences of working out Dr. Forbes' system; and for this reason we attach much value to his letter, independently altogether of the high and generous tone which pervades it, and which gives great weight to its influence over others. If ever medicine suffer utter degradation, it will be brought about by means of this new school. The leaders of the profession are engendering a scepticism in medicine which, unless counteracted, will blight it to the core. Practitioners of Physic will become divided into two classes—the one believing nothing, but yet acting as if they did, and giving the countenance of their high talents and acquirements to the rankest hypocrisy; the other class believing anything or every thing, but having no substantial grounds for their belief: cold, cultivated sceptics

will be the aristocracy, and ignorant but energetic dupes of their own credulity the democracy, of this noble and glorious profession. No wonder that one of Dr. Forbes' correspondents exclaims, "What more melancholy fact can be presented to the mere prescriber, when he first enters upon the duties of his benevolent profession with the enthusiasm of unsoured philanthropy, than the continual assurance of the Nestors of the profession, that the greater our experience the more positive our conviction that we can do nothing? And it only proves the immense force of habit that, with such convictions, we do not see men quit a profession which, under such circumstances, requires a constant exercise of hypocrisy, and a constant sacrifice of principle." There are examples of physicians being so conscientious, as to make the sacrifice, and one of these is Hahnemann.

While the great majority of those who have expressed their opinions on the state and prospects of medicine, agree in the main with Drs. Forbes and Combe, yet a few avow their dislike at being thus consigned to the negative pole of usefulness. The best exponent of the views of this class seems to be Dr. Bartlett, who says, "The seat, the character, and the tendencies of the disease being known, the next thing to be done is to find out the means of preventing, modifying, and of curing it." To do this, he goes on to say, "We must know the effects and influences which all substances and agencies in nature are capable of producing upon it, and this we can know only by direct observation of the effects themselves." That is, we may suppose medicine improved by a system of experimentation with individual drugs upon individual diseases. This is what another writer likewise proposes. Let us again apply to some philosopher of acknowledged reputation, to ascertain what may be expected from such experiments when not conducted in the light of some previous theory.

It most fortunately happens that the very case in point is used as an illustration by Mr. J. Stuart Mill, in his work upon logic. That highest modern authority upon the subject writes thus:—"Let the subject of inquiry be the conditions of health and disease in the human body, or for greater simplicity, the conditions of recovery from a given disease; and, in order to limit the question still more, let it be confined, in the first instance, to this one inquiry, Is, or is not a particular drug, mercury, for example, a remedy for that disease? \* \* \* When we devise an experiment to ascertain the effects of a given agent, there are certain precautions which we never, if we can help it, omit. In the first place, we introduce the agent into the midst of a set of circumstances which we have exactly ascertained. It need hardly be remarked how



far this condition is from being realised in any case connected with the phenomena of life; how far we are from knowing what are all the circumstances which pre-exist in any instance in which mercury is administered to a living being. This difficulty, however, though insuperable in most cases, may not be so in all; there are sometimes (though I should think never in physiology) concurrence of many causes in which we yet know accurately what the causes are. But when we have got clear of this obstacle, we encounter another still more serious. In other cases, when we intend to try an experiment, we do not reckon it enough that there be no circumstances in the case, the presence of which is unknown to us; we require also that none of the circumstances which we do know of shall have effects susceptible of being confounded with those of the agent whose properties we wish to study; we take the utmost pains to exclude all causes capable of composition with the given cause; or, if forced to let in any such causes, we take care to make them such that we can compute and allow for their influence, so that the effect of the given cause may, after the subduction of those other effects, be apparent as a residual phenomena. These precautions are inapplicable to such cases as we are now considering. \* \* \* *Anything like a scientific use of the method of experiment in these complicated cases is therefore out of the question. We can, in the most favorable cases, only discover, by a succession of trials, that a certain cause is often followed by a certain effect.*"—Mill's Logic, vol. 1. p. 529. We find, then, that logic as unceremoniously discards the experimental method proposed by Dr. Bartlett, as philosophy condemned the statistical method sanctioned by Dr. Forbes. Indeed, the two methods are very nearly allied, the one almost invoking the other; and if they both be abandoned, and if young physicians be not content with being the mere spectators of disease, and superintenders of the diet and ventilation, and revolt at the idea of hospitals for the cure of the sick being nothing but museums for the study of morbid natural history and registries of mortality, to what side are they to turn for escape from the alternatives presented to them? How shall they be followers of nature and yet energetic? How shall they know all that is to be known, and not be sceptical, and do all that is to be done, and not be dangerous?

If the simple observation of the natural course of disease; if the application of the numerical method to all recorded cures; if experiments with various medicines upon various diseases, are each and all fallacious modes for the improvement of medicine, what conceivable method yet remains by which it may be raised from its present uncertainty to become amenable to known

laws, by which it may be worked? The answer to this we have already anticipated, at the commencement of our article. The accumulation and complexity of facts in medicine rendering the inductive process inapplicable, it is absolutely necessary, for the regeneration of the science, that some successful hypothesis be made which shall express the law of relation between the curative and some other discoverable property of a given drug, by which we may know beforehand what we are to select in a given case of disease. There has been but one such attempt in medicine (for we need not stop to show that the old Galenic maxim, "*Contraria contrariis opponantur*," is not such an hypothesis, involving, as it does, the previous ascertainment of conditions as impossible to recognise, as they are incapable of being tested), that is, *that medicines tend to cure diseases similar to those they tend to produce.*\* This is a perfect hypothesis for the circumstances, because it embraces all the circumstances coming within the range of medication, and it is possible to establish the truth or falseness of it by experiment.

(To be continued.)

#### THE MEANS BY WHICH DISEASES ARE CURED, NOT ALWAYS KNOWN.

It is not easy in some cases, to come to a decision by what means the cure was accomplished. It may have been mainly by medicine, or by diet, or by both, or by the vital force alone.

In many cases, a true answer to the question cannot be given, owing to a variety of measures employed at the same time, or what amounts to that, in quick succession. The readiness, or rather, we would say, the careless, off-hand way physicians pretend to decide what effected the cure in individual cases of disease, leads to serious error and to great confusion, and is an obstacle to the progress of the science and art of medicine. Comparatively few of the reported cases will stand the test of a critical examination, as to the agents whereby the pretended results were obtained.

A sick person's case is drawn up accurately, embracing its history and symptoms, but the treatment may be of numerous drugs, of different dilutions of each, administered at short intervals. Now, in the

\* We believe this is the most accurate way of stating the law of Homœopathy, and it would obviate many objections if this mode of expressing it were generally adopted.

midst of this confusion, the practitioner undertakes to say, which was the remedy—which drug was the curative cause; but this is impossible, and therefore such cases are of no practical value; they amount to nothing more than the facts from which no inferences can be drawn for a guide in similar cases. Such cases amount to this: A. B. was attacked by a disease with distinctly marked symptoms, for the cure of which many drugs were given him in large and small doses, at intervals varying in time, from a half hour to four hours, for several weeks, and finally recovered his health. Homœopathy certainly gains nothing by such cases for they do not show the remedy. If each drug had any agency in it, then there is such a mingling of drug actions that the confusion is such, the law of cure cannot be recognized.

There is no need for homœopaths to report cases where the curative agent is not distinctly perceived. They should be cautious not to report any case that cannot bear the test of the strictest scrutiny.

#### A FEW THOUGHTS ON CONSUMPTION.

In our last issue we proved that an improper use of *Mercury* tends to develop *tubercular* consumption. We now propose by well established facts to show that the *Peruvian bark*, or *Quinine*, which is thought to be, in its effects in the human system, very similar to the *Peruvian bark* of which it is made. The trial of the *Bark* by numerous individuals in health, is known to cause the following symptoms, viz: "Great general weakness, with trembling. Great tendency to perspiration during movement and sleep. Over-excitability of the whole nervous system. Atrophy and emaciation, especially of the arms and legs. Heat, with dryness of the mouth, and of the lips. Nocturnal debilitating sweats. Desire for a variety of food, and confused longing for dainties, without knowing exactly for which. Hoarseness, indistinct speech, and low voice when singing in consequence of mucus difficult to detach from the larynx. Suffocating, nocturnal cough, with pains in the chest and in the shoulder-blades, so as to extort cries. Cough by breathing deeply. On coughing, expectoration, streaked with blood. Difficulty of respiration and great

oppression on the chest. Fits of suffocation from mucus in the larynx, especially in the evening, and at night on waking. Respiration difficult, and possible only when lying with the head very high. Shootings in the chest, on coughing and on breathing. Stitches in the side. Great congestion in the chest, and violent palpitation of the heart. Swelling of the feet."

Inasmuch as most of the above symptoms are found in cases of consumption, it is fair to infer that where a predisposition hereditarily exists, the administration of the *Peruvian bark* in large and repeated doses, or even in moderate ones, may cause a development of that disease, as the most experienced physicians know from observation. We can state, that in our own practice we have noticed for years past, that almost every case, the exceptions being very few, where salivation from mercury had taken place, and in some instances, although years after the salivation, mercurial symptoms were still present. In other cases *Peruvian bark* or *Quinine* had been freely used, and on a careful examination, some of the symptoms of those drugs could be detected, although, as in *Mercury*, a long time had elapsed since they had been taken. Again, we have met with numerous cases where *Mercury* and *Quinine* both had been previously used, which caused a state of things rapidly destructive of life, for in these cases it is exceedingly difficult to even palliate the sufferings, and then only for a short time, by large doses of opium or some of its preparations, which in the end make things worse, by causing *opium* symptoms, which, in those already poisoned by *Mercury* and *Quinine*, are very violent, and render life most wretched; causing the sufferer to desire death for relief. As regards homœopathic remedies in such conditions, we may as well say they do not exist. It is out of the question among the two hundred drugs named in the *Materia Medica*, to find one or even a number combined to correspond to the symptoms of those who have *mercurial*, *quinine* and *tubercular* symptoms existing at the same time; the two drugs acting to promote a suppurative process in the tubercles. Such cases are not only incurable, but they cannot even be palliated.